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Scope of Work			
Question 186 Scope of Work, Section B.2., page 26	Please provide the number of members that have dual eligibility by eligibility category and indicate what percentage that is of the total eligibility in that category. On February 13, 2007 refreshed encounter and demographic data was posted on the ADHS/DBHS Maricopa County RBHA RFP Databook secure web site. See the data and the answer to question 127 to define the eligible populations.	Scope of Work – Eligible Populations	
Special Instructions: B. Proposal Format			
Question 188 Special Instructions B, page 9	B-2 states"The proposal materials shall be organized into 3-ring binders by subject matter, in the sequence specified and related to the RFPOfferor shall create tab dividers for each <i>item</i> requested in the Proposal Contents Section." Please clarify what is meant by create tab dividers for each item requested in the Proposal Content Section. Should tab dividers be placed between each individual question (e.g. A.1, A. 2, A.3); or after each section listed on Page 9 (e.g. Table of Content, Scope of Work, Special Terms and Conditions); or after each Proposal Content Section (e.g. Administration, Collaboration)? Create tab dividers for each of the sections listed on Page 9 Special Instructions B. Proposal Format 2. For 2.e. Documents Submitted in Response to Request, indicate on the document(s) submitted the Proposal Content question number to which the document(s) correspond.	Tab Dividers	
Special Instructions: J. Responding to the RFP			
Question 189 Special Instructions J,	Q&A Question #60 was: Question: "Do we have a one page to respond to each question excluding the restatement of the question? Is there a one page limit for each sub question?" Answer: "Yes" Please confirm that if the re-statement of the question takes up five lines, the Offeror has one page plus five lines to respond to the question. Yes. If this is not accurate please clarify the expectation further. It is accurate. Please clarify ADHS' expectation for what is meant by sub question. If a question has an a., b., c., does the one page limit apply to each a, b, c, etc? No. The page limit is collective across all sub-questions. For example on page 229 H. Service Delivery System, Network Development and Network Management, question 2. items a through d, have a collective page limit of 15 pages.	Page Limits	

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Special Instructions: K. Resources for Developing the Proposal		
Question 190 Special Instructions K, page 15	We have obtained the data files per the secure weblink and have the following question regarding the files titled encount_04, encount05, encount06: Can you please provide a crosswalk for the Provider ID codes? These are not listed in the CIS File Specifications and Layout manual nor the additional document posted on the RFP Bidder's Resource Materials webpage. A crosswalk of provider ID codes will not be provided. See the Provider Network Listing at http://www.azdhs.gov/bhs/list_gsa.htm	Special Instructions
Question 191 Special Instructions K, page 15	We have obtained the data files per the secure weblink and have the following question regarding the files titled encount_04, encount05, encount06: It appears that there is no encounter data for Non-Titled programs in these files. Is encounter data required for Non-Titled Programs? See the answer to questions 124 and 127.	Special Instructions
Question 192 Special Instructions K, page 15	We have obtained the data files per the secure weblink and have the following question regarding the files titled encount_04, encount05, encount06: It appears that there is no encounter data for Non-Titled programs in these files. Please provide the encounter data for Non-Titled programs if it is available. See the answer to questions 124 and 127.	Special Instructions

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Special Terms and Conditions		
Question 193 Paragraph B Contract Administration and Operation, Page 172	Specifically at B(4) the Contractor is required to retain records for six (6) years. This is a deviation from ADHS Contracts with other RBHAs, including Maricopa County and is beyond the requirements found in A.R.S. § 35-214 which requires records to be kept for five (5) years. Is this an error or is there a reason for the additional one year requirement for records retention? See the Uniform Terms and Conditions B. Contract Interpretation 3. Contract Order of Precedence. The Special Terms and Conditions B. Contract Administration and Operation 4. Records and A.R.S.35-214.B.	Records Retention
Question 194 Paragraph F Risks and Liability, Page 181	The indemnification clause at Section 1 appears to shift the responsibility for all costs of claims processing, claims investigation, and all claim litigation arising out of any claim submitted against ADHS to the Contractor, and by subcontract all subcontractors, thereby abrogating any concurrent liability on the part of the State. This clause is new to ADHS contracts (including ADHS' intergovernmental agreements with AHCCCS, Maricopa County, and the City of Phoenix), conflicts with the "Risks and Liability: section contained on page 203 of the RFP, and appears to be in conflict with the claims statute found at A.R.S. § 12-821.01 which requires a claim to be filed with the Arizona Attorney General and investigated by the Risk Management Department. The content of this clause requiring the Contractor and Subcontractors to shoulder a risk which the law and other ADHS Contracts otherwise place on the indemnitee, will increase insurance premiums for all providers. Is it the intent of the RFP to shift responsibility of primary loss investigation, defense, and judgment costs to the Contractor and by subcontract to all Subcontractors? The language referenced above is a current Contract requirement that will continue. The provisions are required by the Arizona Department of Administration and have been for some time. If so, how will these costs be calculated and paid by the Contractor and Subcontractors? Calculating costs and payment will be terms negotiated between the Contractor and Subcontractors.	Risk Allocation

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Question 195 Paragraph F Risks and Liability, Page 184	At F(d) (Acceptability of Insurers), requires an insurer to have an A.M. Best rating of not less than A+. As this rating applies to the insurer, it is unclear as to why a physician may or may not be able to obtain an A+ rating. Please clarify the intent of this clause. The language in Special Terms and Conditions F. Risks and Liability 2. Insurance d. Acceptability of Insurers is stricken and replaced in its entirety with the following. Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A-VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency. A solicitation amendment is forthcoming.	Acceptability of Insurers
Proposal Contents		
Question 196 Page 210-239	Several of the RFP questions (e.g. B.1, H.5a) require the Offeror to identify the customer(s) that can verify the experience. Please clarify if customers can include behavioral health recipients, family members, governmental entities, stakeholders, providers or other individuals. Customer means the entity with whom your organization contracts to provide behavioral health managed care services and from whom your organization receives payment for these services.	Clarification re: Customers
Question 197 Page 210-239	Several items that are being requested are voluminous (e.g. provider listing, data map, claims management report) or are separate from developing the proposal text (e.g. financial statements). Can these items be submitted within item e. Documents Submitted in Response to Request as stated on page 9? Yes. Also, see the answer to question 187.	Voluminous
Question 198 Section E Management Information Systems, Item 17, page 221	States, "Provide a listing of the Offeror's most recent standard claims management reports and descriptionLimit three (3) pages" Claims management reports generally are more than three pages. Please clarify that the page limits do not pertain to the claims management reports That is correct.	Claims management reports

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Question 199 Exhibit B: Capitation Rates Follow-up to question 181	Question 181 notes that the capitation rates for DD will be revised in an Amendment to be \$94.98 for adult and \$82.41 for child before consideration of the 1% performance incentive. Amendment #7 to the current Maricopa County contract was recently published and changes the DD capitation rates to \$118.05 for adult and \$75.50 for child (again before consideration of the 1% performance incentive). Will the DD capitation rates in the RFP be updated based on the new rates currently in effect for DD for Maricopa County? Yes. The Maricopa County Amendment #7 has not been signed and returned to ADHS, therefore the DD capitation rates have not yet been updated.	DD Capitation Rates
Question 200 Section B.13-Collaboration and Performance, Page 217	There is a requirement to provide a description of the litigation and its outcome if the answer to the question at B.13 is 'yes' and "the litigation relates to the Offeror's ability/qualifications to perform the services described in this Contract". The phrase "relates to" is ambiguous. Is the intent of this question to illicit information regarding litigation that may actually affect the Offeror's ability/qualifications to perform the services described in the Contract (i.e., does "relate to" mean affect?) or is the intent of the question to illicit information regarding litigation wherein an allegation was made that the Offeror failed to perform it's duties (i.e., does "relate to" mean involving an allegation, for example, of non-performance or negligence?). "Relates to" means any assertion, allegation, complaint, claim or counter-claim in litigation that is directly or indirectly made regarding the Offeror's ability/qualifications to perform services under this Contract.	Litigation

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Miscellaneous		
Question 201 Solicitation Amendment No.2 pages 12-13 Answers to Question 138, page 5	The RFP Amendment No.2 states: Question. Section C.7.a of the RFP States that the RHBA must provide: At least four (4) Level I, Psychiatric Recovery Centers (PRC) able to assess and respond to urgent behavioral health issues. Please clarify if the requirement is to provide at least four (4) adult PRCs and one child/adolescent PRC (five PRCs in total) or at least four (4) PRCs in total, including one child/adolescent PRC. Question 138 (Questions/Answers 02/09/07) states: Question. Four (4) Level I Psychiatric Recovery Centers are required. Currently there are three such centers providing services to Value Options consumers – two for adults (PRC West, PRC Central) and one for children (St. Luke's Behavioral Health Center). Page 73 of the RFP references "the addition of two (2) psychiatric recovery centers", which would result in a total of five centers. Please clarify. Answer: Two new psychiatric recovery centers are required. These two answers seem incompatible. Please indicate if the requirement is for four adult PRCs and one serving children and adolescents (total of 5) OR is the requirement for four PRCs in total, one of which serves children and adolescents? The requirement is for two new psychiatric recovery centers. This means at least four (4) PRCs in total, one of which serves children and adolescents.	Psychiatric Recovery Centers
Question 202	The children's system is Maricopa County currently features a collection of centralized Direct Support Provider agencies which are accessible by any family receiving services in the county. These Direct Support Providers hold contracts directly with the RBHA and intentionally are not under the provider networks, so that they may have the flexibility to meet the needs of CFTs regardless of the location of primary enrollment of the child. The RFP solicitation does not address these centralized direct support providers. Is there an expectation that bidders will address the issue of the centralized pool of providers in their responses? Not at this time. Further, does ADHS have any expectations about that structure, such as whether the independent pool of direct support providers should be maintained? Not at this time.	
Question 203	Must the offers submit a license from Behavioral Health for Title 19 and Non-Title 19 services for contract? See the definition of qualified service provider and provider qualifications in the ADHS/DBHS Covered Behavioral Health Services Guide.	

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Question 207

It appears that many questions lean more towards Level I services and organizational structures. How will it affect Level II and Level III offer's who may not be structured in

The question is not clear. Please clarify the question and resubmit.

the same manner?

Subject